

(I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

518

06280

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: Queen Anne  
 County: Hopewell - no Centreville  
 City or town: (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 24 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: Maryland County: Queen Anne  
 City or town: Centreville (If outside city or town limits, write RURAL and give nearest town)  
 Street No.:  
 (If rural, give LOCATION)

3. (a) FULL NAME Thomas Herbert Everett

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Annie Belle Everett

7. Birth date of deceased (mo., day, yr.) Feby 11 - 1877 6. (c) If alive, give age 72 years

8. AGE: Years 75 Months 5 Days 6 If less than one day hrs. min.

9. Birthplace Templeville, T.A. Co - Md  
 (Town, county, and state)

10. Usual occupation Peternarian

11. Industry or business Linen

12. Name Leri Everett

13. Birthplace Queen Anne Co. Maryland

14. Maiden name Peterson Anne Peters

15. Birthplace Queen Anne Co. Maryland

16. Informant Mrs. Katie Everett

Address Centreville, Md

17. Burial, cremation, or removal, which? Burial Date thereof July 19-47

Date thereof (month) (day) (year)

Cemetery or crematory Chertefield

Location Centreville

18. Funeral director Barton Bros.

Address Centreville, Md

19. Date rec'd by registrar July 18 1947

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 47 19 47 at 9:30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 47 to July 17 1947

and that I last saw her alive on July 17 1947 19 47

Immediate cause of death old age

Due to old age

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op. ....

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE H. J. Webster M. D. or other .....

Address Centreville Date signed July 18 1947



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131b

06281  
251

## CERTIFICATE OF DEATH

Reg. Dist. No. 201

## 1. PLACE OF DEATH:

County

Queen Anne

City or town

near - Millington (in Kent Co.)  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? about 1 month

Hospital, institution, or street address where death occurred:

Melvin Nursing Home

How long in hospital or institution? 1 month

## 3. (a) FULL NAME

Robert T. Harris

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

male white single

6.(b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1871

8. AGE: Years Months Days If less than one day  
76 5 20 hrs. min.9. Birthplace Kent Co. Maryland  
(Town, county, and state)

10. Usual occupation Laborer

## 11. Industry or business

12. Name Robert T. Harris  
13. Birthplace Maryland14. Maiden name Annie Winchester  
15. Birthplace Maryland16. Informant Mrs. John R. Hadaway (sister)  
Address Chestertown, Md.17. Burial Date thereof July 26, 1947  
(Burial, cremation, or removal. Which?)Cemetery or crematory Chester Cemetery  
Location Chestertown, Maryland18. Funeral director J. Willis Wells  
Address Chestertown, Maryland19. Date rec'd by registrar July 26, 1947  
Signature Claude Barnes  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown  
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number YES

218-09-9036A

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1947 at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1947, to July 23, 1947, and that I last saw him alive on July 23, 1947.

## Immediate cause of death

Cancer

DURATION

today

Due to Chronic Bright's

2

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE H. C. Simpson  
Address Chestertown M. D. or other

Date signed 7-24-47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

06282

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

## 1. PLACE OF DEATH:

County..... Queen Anne  
 City or town..... Queenstown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

Mary Lillian Henneman

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	Widowed

6. (b) Name of husband or wife..... Jesse Henneman

7. Birth date of deceased (mo., day, yr.)..... July 31, 1875  
 (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day  
 71 11 4 hrs. min.

9. Birthplace..... Queenstown Md.  
 (Town, county, and state)

10. Usual occupation..... Retired

## 11. Industry or business

12. Name..... Louis Hergenrath

MOTHER FATHER 13. Birthplace..... Washington D.C.

14. Maiden name..... Deborah Smith

15. Birthplace..... Stevensville, Md.

16. Informant..... Mrs. Edna Gorsuch

Address..... Baltimore, Md.

17. Burial Date thereof..... July 7-1947  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory..... Chesterfield Cemetery

Location..... Centerville Md.

18. Funeral director..... John D. Williams

Address..... Carlton Md.

19. Date rec'd by registrar..... July 6-1947 Helen M. Adridge  
 (Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Queen Anne

City or town..... Queen Anne  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 4 1947 at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947 to July 1947  
 and that I last saw her alive on July 4 1947

Immediate cause of death..... Hypertension  
 Cardiovascular Disease  
 with Cardiac Failure

DURATION

5 weeks

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

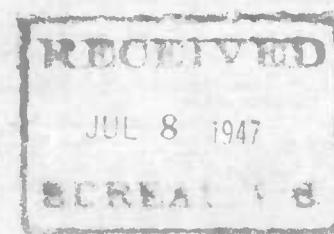
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... William C. Lane, M.D.

M. D. or other

Address..... Queenstown, Md. Date signed..... July 6-1947



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VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06283

183

## CERTIFICATE OF DEATH

Reg. Dist. No.

47

1. PLACE OF DEATH: One Ocean Avenue  
 County: \_\_\_\_\_  
 City or town: Newark (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? \_\_\_\_\_  
 Hospital, institution, or street address where death occurred: \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: Delaware County: \_\_\_\_\_  
 City or town: Wilmington (If outside city or town limits, write RURAL and give nearest town)  
 Street No.: 518 Walnut St (If rural, give LOCATION)

3. (a) FULL NAME: Arthur Henry

4. Sex: Male 5. Color or race: col 6. (a) Single, married, widowed, or divorced: Married

6. (b) Name of husband or wife: No one known

7. Birth date of deceased (mo. day, yr.): Aug 17 - 1910 8. (c) If alive, give age: years

8. AGE: 37 Years 11 Months 3 Days If less than one day: hrs. min.

9. Birthplace: Odessa Del. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: None

MOTHER FATHER  
 12. Name: Don't know  
 13. Birthplace: Don't know

MOTHER  
 14. Maiden name: Don't know  
 15. Birthplace: Don't know

16. Informant: Estell a Pinder wife

Address: 518 Walnut St Wilmington Del.

17. Burial: Burial Date thereof: July 24 - 47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory: Wilmington

Location: Wilmington Del.

18. Funeral director: Edgar O. Lane  
 Address: High St Newark

19. (Date rec'd by registrar): 7-21-47 Eleie Armstrong  
 Registrar

2. (a) If veteran, name war: \_\_\_\_\_

3. (b) Social Security Number: 221-05-7409

## MEDICAL CERTIFICATION

20. DATE OF DEATH: July 20 19 47 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death: \_\_\_\_\_

Disorderly

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_

(Include pregnancy within 8 months of death)

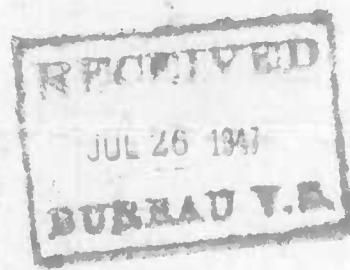
Major findings of operations: None Date of op.: \_\_\_\_\_

Autopsy results: \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 7/20/47Where did injury occur? Chester River, Queen Anne Co. Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?): RiverMeans of injury: Boat sunk Injured at work? No23. SIGNATURE: W. J. Legg Fisher M. D. or other: PhysicianAddress: Portland Del. Date signed: 7/20/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

06284

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County.....

City or town.....

Green Anne

8-Near Church Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 days

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

William W. Parkin

4. Sex

5. Color or race

male

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

August 15-1911

6.(c) If alive, give age years

8. AGE:

Years  
35Months  
10Days  
22

If less than one day

hrs. min.

9. Birthplace.....

Pennsylvania

(Town, county, end state)

10. Usual occupation.....

Merchant

11. Industry or business.....

Store

MOTHER FATHER

12. Name.....

Eveline Parkin

13. Birthplace.....

Penn.

14. Maiden name.....

Mellie Whittaker

15. Birthplace.....

Penn.

16. Informant.....

Mr. Edward Hickman

Address

Roberts, Ind.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof  
(month) (day) (year)  
July 10-1947

Cemetery or crematory.....

Mount Zion

Location.....

Philadelphia, Pa.

18. Funeral director.....

Edgar L. Lane

Address

Church Hill, Ind.

19. July 7

1947

(Date rec'd by registrar)

Edgar L. Lane

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Penns. County.....

City or town.....

Philadelphia

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

1832 Spruce St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 7

1947

a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 7 @ 5 AM 1947 to July 7 @ 6 AM 1947

and that I last saw him alive on July 7 1947

1947

Immediate cause of death.....

pulmonary edema

Due to..... acute anterior and posterior myocardial infarction

Due to..... coronary thrombosis, acute

Other conditions.....

none

(Include pregnancy within 8 months of death)

Major findings of operations.....

none

Date of op.

Autopsy results..... not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

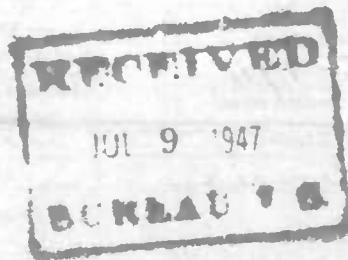
Means of injury

Injured at work?

23. SIGNATURE..... A.R. Coppola, M.D.

M. D. or other

Address..... Chestertown, Md. Date signed..... July 7, 1947



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

## CERTIFICATE OF DEATH

Reg. Dlat. No. 251

6285  
251

## 1. PLACE OF DEATH:

County.....

Queen Anne  
Church Hill

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

3 months

Hospital, institution, or street address where death occurred:.....

Queen Anne Church Hill

How long in hospital or institution?.....

## 3. (a) FULL NAME

Jane Rochester Richards

## 3. (b) Social Security Number

4. Sex

5. Color of race

6. (a) Single, married, widowed, or divorced

F

white widowed

6. (b) Name of husband or wife.....

Thomas Richards

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Feb 5, 1887

8. AGE: Years

Months

Days

If less than one day

60 5

3

hrs. min.

9. Birthplace.....

Queen Anne Count

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business.....

Over home

MOTHER FATHER

12. Name..... John McCleary Rochester

13. Birthplace..... Queen Anne Count

14. Maiden name..... Ella Meredith

15. Birthplace..... Queen Anne Count

18. Informant.....

Mrs. Lillian Kallenberg

Address

Church Hill, Md

Burial

Church Hill Cem.

Date thereof..... July 31, 1947  
(month) (day) (year)

Cemetery or crematory.....

Church Hill Cem.

Location.....

Church Hill Md.

18. Funeral director.....

Edgar L. Lane

Address

Church Hill Md.

19. (Date rec'd by registrar)

July 21, 1947 Edgar L. Lane

Registrar

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 18, 1947 at 12:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10, 1947, to July 18, 1947, and that I last saw her alive on July 18, 1947.

Immediate cause of death..... coronary thrombosis

Due to..... coronary thrombosis

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

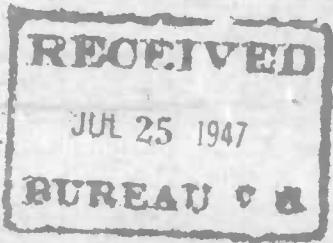
Means of injury..... Injured at work?

23. SIGNATURE..... Chester Dan

M. D. or other

Address..... Chester Dan

Date signed..... July 21, 1947



1947-7-18  
60-2-3  
1881-2-15

(I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

486

## CERTIFICATE OF DEATH

06286

251

Reg. Dist. No.

## 1. PLACE OF DEATH:

County.....

Rural Centreville

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Amanda Scott

4. Sex

Fem.

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Married

5. (b) Name of husband or wife.....

James Scott

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age .....

years

Unknown

8. AGE:

Years

Months

Days

If less than one day

hrs. .... min.

Approx. 90

9. Birthplace.....

Caroline Co. Md.

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business:

James Montgomery

12. Name.....

Md.

13. Birthplace.....

Unknown

14. Maiden name.....

Md.

15. Birthplace.....

Md.

16. Informant.....

Army Scott

Address

Centreville Md.

17. Burial.....

Burial

Date thereof.....

2-13-47  
(month) (day) (year)

Cemetery or crematory.....

Cordova

Location.....

Cordova Md.

18. Funeral director.....

Edgar F. Lane

Address

Church Hill Md.

19. Date rec'd by registrar.....

Elgar F. Lane

19.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Md.

City or town.....

Rural Centreville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

July 10

1947 at 3:30 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1947 to July 10 1947

and that I last saw him alive on

19

Immediate cause of death.....

Hysteria of the uterus

Due to.....

Due to.....

Other conditions.....

Heart

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....

Elgar F. Lane

M. D. or other

Address..... Date signed.....

RECEIVED

JUL 25 1947

BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of birth date is shown on

FILE NO. G 111 AUG 6- 1947

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

06287  
Reg. Dist. No. 252

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

Queen Anne's

Rural Steevesville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2101 E EAGER ST

(If rural, give LOCATION)

no

2.(a) If veteran, name war.

3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Vergie German

6.(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.)

Feb 23, 1900

8. AGE:

Years 47

Months

Days

If less than one day

hrs. .... min.

9. Birthplace

Baltimore Maryland

(Town, county, and state)

10. Usual occupation

Painter

11. Industry or business

FATHER

12. Name

Joseph Seidler

MOTHER

13. Birthplace

Baltimore Md

14. Maiden name

Annie Edengrad (Wagner)

15. Birthplace

Baltimore Md

16. Informant

Henry Seidler

Address

2101 E. Eager St. Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 30-47

(month) (day) (year)

Cemetery or crematory

Chesterville

Location

Centreville Maryland

18. Funeral director

Taylor Bros

Address

Centreville Maryland

19. Date rec'd by registrar

7-30-47

19. Date signed

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 26-

1947

at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to

19.....

and that I last saw h.....alive on

19.....

Immediate cause of death

drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

date of

Where did injury occur? Mr. Steevesville Queen Anne Co. Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury apparently went to deep waterboard

Injured at work?

23. SIGNATURE W. Harvey Fresh

date July 30-47 M. D. or other

Address Cutcherville Md Date signed 7/30/47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06288

96

## CERTIFICATE OF DEATH

Reg. Dist. No. 253

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

## 1. PLACE OF DEATH:

County..... Queen Anne

City or town..... Chester

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 34 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Thomas Howard Thompson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m w Married

6. (b) Name of husband or wife

Mary Madeline Thompson

6. (c) If alive, give age..... 31 years

7. Birth date of deceased (mo., day, yr.)

May 14, 1913

8. AGE:

Years	Months	Days	11 less than one day
3y	2	12	hrs. min.

9. Birthplace

Chester, Queen Anne, Maryland

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

James Howard Thompson

12. Name

James Howard Thompson

13. Birthplace

Chester Maryland

14. Maiden name

Mary Elizabeth Thomas

15. Birthplace

Chester, Maryland

16. Informant

Mary Madeline Thompson

Address

Chester, Md.

17. Burial

July 29-47

(Burial, cremation, or removal. Which?)

Date thereof (month day year)

Cemetery or crematory

Stevensville

Location

Stevensville Maryland

18. Funeral director

Barton T. Co.

Address

Centreville Maryland

19. 7-28 47

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County.....

Queen Anne

City or town..... Chester

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

220-03-6144

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 26 1947 at 6:15AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1946 to July 1947

and that I last saw him alive on July 26 1947

Immediate cause of death

Aortic Aneurysm

DURATION

13 mos.

Due to..... Not due to syphilis

(8/27/47 2-05)

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

23. SIGNATURE

William C. James, MD

M. D. or other

Address..... Queen Anne, Md. Date signed..... 7-26-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6497

1952

## CERTIFICATE OF DEATH

Reg. Dist. No.

253

## 1. PLACE OF DEATH:

County..... Queen Anne's  
City or town..... Stevensville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... few days

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

James Arthur Williams

4. Sex..... Male Color or race..... 5. (c) Single, married, widowed, or divorced..... Married

6. (b) Name of husband or wife..... Louise Johnson

7. Birth date of deceased (mo., day, yr.)..... 6. (c) If alive, give age..... years..... May 13 - 1905

8. AGE: Years..... 42 Months..... ? Days..... ? If less than one day..... hrs. ..... min.

9. Birthplace..... Stevensville Maryland  
(Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business..... Day laborer

12. Name..... Richard Williams

13. Birthplace..... Stevensville Maryland

14. Maiden name..... Jessie Wilson

15. Birthplace..... Stevensville Maryland

16. Informant..... Percy Williams

17. Burial, cremation, or removal, Which?..... Date thereof..... Nov 19-47

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... Stevensville

Location..... Stevensville Maryland

18. Funeral director..... Doctor Brod

Address..... Centerville Maryland

19. (Date rec'd by registrar)..... Nov 20 1947 Registrars..... Elizabeth Hopkins

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Queen Anne's

City or town..... Stevensville (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION) No

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

Missing since.....

20. DATE OF DEATH..... July 17 1947 at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

His bones were found in a field  
on farm near Watergate MD -Due to..... He has been missing since  
July 12-1947 - He was identifiedDue to..... Some clothing found at spot  
before his brother -Other conditions..... Death was probably due to  
exposure & malnutrition

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... W. Henry Fisher  
Deputy State Coroner & Co.

M. D. or other

Address..... Centerville Md Date signed..... Nov 18-47

See certificate in November, drawer



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 2583  
062843

**(K)**  
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(I)

## 1. PLACE OF DEATH:

County Queen AnneCity or town Chesapeake

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 days

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Blanche Olivia Wright4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Rayfield Wright6. (c) If alive, give age 43 years7. Birth date of deceased (mo., day, yr.) February 28 19008. AGE: Years 49 Months 5 Days 16 If less than one day hrs. min.9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Randolph Thompson13. Birthplace St. Marys Co. Md.14. Maiden name Isabelle Weston Thompson15. Birthplace Maryland Co. Md.16. Informant Rayfield WrightAddress Wright Rd.17. Burial Date thereof 7-19-47  
(Burial, cremation, or removal. Which?)  
(month) (day) (year)Cemetery or crematory CatholicsLocation Baltimore City18. Funeral director Leon G. HenryAddress Easton Md.19. Date rec'd by registrar July 17 1947

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Chesapeake  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war..

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1947 at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 14 1947 to July 15 1947and that I last saw her alive on July 15 1947Immediate cause of death Cerebral HemorrhageDue to Hypertensive Cardiovascular Disease

Due to .....

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings or operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE William C. [Signature] M.D.M. D. or other MDAddress Queen Anne, Md. Date signed 7-15-47

